



Incident Report

Print Date/Time: 06/05/2016 17:09
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00010496

Incident Date/Time: 6/1/2016 2:31:00 PM
Location: SR 92 / 99TH AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 232-9840
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|------|-------------------|
| 19D3 | SS0130-Rutherford |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|-----------------------------|--|----------------|------|--------|------------|
| 1 | Reporting Party | LAVERING, NATALIE | | | | | |
| 1 | Driver | PEARSALL, AVERIE MADISON | 1710 116TH DR Lake Stevens WA 982589152 | (425) 864-6469 | | Female | 09/06/1998 |
| 2 | Driver | LAVERING, NATALIE | 906 123RD AVE Lake Stevens WA 982588025 | | | Female | 01/13/1969 |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

Disposition(s)

| Disposition | Count |
|-------------|-------|
| R | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

06/01/2016 : 14:33:24 SP0298 Narrative: CC, EO LOC, WHI HONDA PILOT VS WHI VW JETTA, NON INJ, NON BLKG


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E549516

| | | |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

| | |
|--------------------|--|
| TRIBAL RESERVATION | |
|--------------------|--|

| | |
|--------|---------------|
| CASE # | 2016-00010496 |
|--------|---------------|

| | |
|---------------------|--|
| LOCAL AGENCY CODING | |
|---------------------|--|

| | | | |
|------------------|----|---------------|--|
| TOTAL # OF UNITS | 02 | OBJECT STRUCK | |
|------------------|----|---------------|--|

| | | | | | | | | | | | | | | | |
|-------------------|----|---|----|---|------|---|---|-------------|----------|-------|---|---|----|----|--------|
| M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | N | E | IN | OF | CITY # |
| DATE OF COLLISION | 06 | - | 01 | - | 2016 | | | 1418 | 31 | | | | | | 0664 |

| | | |
|--------------------------|---------------------------------------|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| STATE ROUTE 92 | | BLOCK NO. <input checked="" type="checkbox"/> 9900 |
| | | MILE POST <input type="checkbox"/> |

| | | | | | | | |
|----------|-----|----|-------|---------------------------------------|----------------------------|--------------------------------|-------------|
| DISTANCE | 100 | 00 | MILES | <input checked="" type="checkbox"/> N | <input type="checkbox"/> E | OF (REFERENCE OR CROSS STREET) | CALLOW ROAD |
| | | | FEET | <input checked="" type="checkbox"/> S | <input type="checkbox"/> W | | |

| | | | | | |
|---------|---|--------------------------------------|--|-------|--|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE | |
|---------|---|--------------------------------------|--|-------|--|

| | | | | | |
|-----------|----------|------------|--------|----------------|---|
| LAST NAME | PEARSALL | FIRST NAME | AVERIE | MIDDLE INITIAL | M |
|-----------|----------|------------|--------|----------------|---|

| | |
|--------------------|------------------|
| STREET NEW ADDRESS | 1710 116TH DR NE |
|--------------------|------------------|

| | | | | | |
|------|--------------|----|----|-----|-----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982589152 |
|------|--------------|----|----|-----|-----------|

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|-----|--|--------------|--|--------------|--|
| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

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|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|
| DRIVER'S LICENSE # | PEARSAM0210F | STATE | WA | SEX | F | D.O.B. MMDDYYYY | 09 | - | 06 | - | 1998 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|

| | | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--|--------------|---|--------------------|--|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 9 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--|--------------|---|--------------------|--|

| | | | | | |
|-----------------|--------|-------|----|------|-------------------|
| LICENSE PLATE # | 291YAM | STATE | WA | VIN# | 3VWSD29MX1M076318 |
|-----------------|--------|-------|----|------|-------------------|

| | | | | | | | |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

| | | | | | | | | | | | |
|-----------|------|------|------|-------|-------|-------|----|---|----------|--|---|
| VEH. YEAR | 2001 | MAKE | VOLK | MODEL | JET4D | STYLE | 4D | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|-------|-------|----|---|----------|--|---|

REGISTERED OWNER INFO. OWNED BY DRIVER

| | | |
|---|-------------------------|------------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | ECONOMY PREFERRED 0045622240 |
|---|-------------------------|------------------------------|

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|

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|---------|---|--------------------------------------|-------------------------------------|---|--|-------|--|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE | |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|--|

| | | | | | |
|-----------|----------|------------|---------|----------------|--|
| LAST NAME | LAVERING | FIRST NAME | NATALIE | MIDDLE INITIAL | |
|-----------|----------|------------|---------|----------------|--|

| | |
|--------------------|------------------|
| STREET NEW ADDRESS | 906 123RD AVE NE |
|--------------------|------------------|

| | | | | | |
|------|--------------|----|----|-----|-----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982588025 |
|------|--------------|----|----|-----|-----------|

| | | | | | |
|-----|--|--------------|---|--------------|--|
| CDL | | RESTRICTIONS | B | ENDORSEMENTS | |
|-----|--|--------------|---|--------------|--|

| | | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|
| DRIVER'S LICENSE # | LAVERN*319BL | STATE | WA | SEX | F | D.O.B. MMDDYYYY | 01 | - | 13 | - | 1969 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|

| | | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--|--------------|---|--------------------|--|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 9 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--|--------------|---|--------------------|--|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | ALG1520 | STATE | WA | VIN# | 5FNYP4H20DB021775 |
|-----------------|---------|-------|----|------|-------------------|

| | | | | | | | |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

| | | | | | | | | | | | |
|-----------|------|------|------|-------|-------|-------|----|---|----------|--|---|
| VEH. YEAR | 2013 | MAKE | HOND | MODEL | PILOT | STYLE | UT | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|-------|-------|----|---|----------|--|---|

REGISTERED OWNER INFO. OWNED BY DRIVER

| | | |
|---|-------------------------|------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | GEICO 0620411801 |
|---|-------------------------|------------------|

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|

| | | | | | |
|------------------------|---------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | R. RUTHERFORD | BADGE OR ID # | 130 | AGENCY | WA0311900 |
|------------------------|---------------|---------------|-----|--------|-----------|


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E549516**CASE # **2016-00010496**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------------------|---------|--------------------------|--------|--|--------------|--|--------|--|--------|--|-------|--|--------------------|--|-----------------|--|--------------------|--|--|--|--|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | SEX | | D.O.B. MMDDYYYY | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | | | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | SEX | | D.O.B. MMDDYYYY | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | | | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | SEX | | D.O.B. MMDDYYYY | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | | | | |

NARRATIVE

On 06/01/2016 I responded to a two car non-injury collision on State Route 92 approximately 100 feet from Callow Road. I contacted driver 2 who told me that she was slowing for heavy traffic westbound on SR9 when she was rear ended by a white Volkswagen. I then contacted the driver of vehicle 1 who stated that she was following vehicle 2 when she looked down at her phone GPS. When she looked back up to the road, traffic had slowed or stopped. Vehicle 1 driver was unable to stop and collided with the rear of vehicle 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD
06-02-16 11:35 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

6/2/2016 11:44:53 PM

| | | | | | | | |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|
| BADGE OR ID # | 130 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 2:20 PM | TIME POLICE ARRIVED | 2:34 PM |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|

REPORT NO. E549516

CASE # 2016-00010496

DATE AND TIME
OF COLLISION 06/01/16 14:18

NOT TO SCALE
SPEED LIMIT 55 MPH

